

ROUTING AND TRANSMITTAL SLIP		Date
TO: (Name, office symbol, room number, building, Agency/Post)		Initials
1. <u>Col CAPS</u>		X 1/22
2. <u>Col Wells Agree!</u>		NSW 1/21/80
3.		
4.		
5.		
Action	File	Note and Return
Approval	For Clearance	Per Conversation
As Requested	For Correction	Prepare Reply
Circulate	For Your Information	See Me
Comment	Investigate	Signature
Coordination	Justify	

REMARKS

Don't see how the Request
Can be denied.

DO NOT use this form as a RECORD of approvals, concurrences, disposals,
clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post)	Room No.—Bldg.
<u>Ma, Stoner</u>	
5041-102	Phone No. <u>55848</u>

OPTIONAL FORM 41 (Rev. 7-76)
Prescribed by GSA
FPMR (41 CFR) 101-11.206

*U.S. GPO. 1977-261-647/3187